

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Service Employees International Union PEA - Federal

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1911923.99"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5800062.05"/>	<input type="text" value="13419977.85"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="7711986.04"/>	<input type="text" value="13419977.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4538427.01"/>	<input type="text" value="10246418.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3173559.03"/>	<input type="text" value="3173559.03"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="11276789.93"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Service Employees International Union PEA - Federal

Report Covering the Period: From: 10 / 01 / 2012 To: 10 / 17 / 2012

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	5800062.05	13419977.85
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5800062.05	13419977.85
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5800062.05	13419977.85
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	5800062.05	13419977.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5800062.05	13419977.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	114081.70	538601.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	114081.70	538601.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1643262.52	4197402.02
24. Independent Expenditures (use Schedule E)	2635393.79	4703835.35
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	145689.00	806579.75
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4538427.01	10246418.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4538427.01	10246418.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5800062.05	13419977.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5800062.05	13419977.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	114081.70	538601.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	114081.70	538601.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

Full Name (Last, First, Middle Initial)

A. Citizen Action of NY

Mailing Address 94 Central Avenue

City Albany State NY Zip Code 12206-3002

Purpose of Disbursement
Canvass, Bird-dogging & Rallies (Non-Express Advocacy)

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2012			

Transaction ID : D300151

Amount of Each Disbursement this Period

1007.10

Full Name (Last, First, Middle Initial)

B. Florida Consumer Action Network, Inc.

Mailing Address 3006 W Kennedy Blvd.
Ste B

City Tampa State FL Zip Code 33609-3289

Purpose of Disbursement
Canvass, Bird-dogging & Rallies(Non-Express Advocacy)

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2012			

Transaction ID : D300152

Amount of Each Disbursement this Period

4142.47

Full Name (Last, First, Middle Initial)

C. Florida New Majority

Mailing Address 6127 NW 7th Avenue

City Miami State FL Zip Code 33127-1111

Purpose of Disbursement
Canvass, Bird-dogging & Rallies (Non-Express Advocacy)

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2012			

Transaction ID : D300153

Amount of Each Disbursement this Period

6629.35

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

11778.92

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

Full Name (Last, First, Middle Initial)

A. Minnesota State Council

Mailing Address 2233 University Avenue Suite 422

City State Zip Code
Saint Paul MN 55114

Purpose of Disbursement
Canvass, Bird-dogging & Rallies (Non-Express Advocacy)

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2012

Transaction ID : D300090

Amount of Each Disbursement this Period

65103.00

Full Name (Last, First, Middle Initial)

B. Our DC

Mailing Address 1800 Massachusetts Ave NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement
Canvass, Bird-dogging & Rallies (Non-Express Advocacy)

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2012

Transaction ID : D300074

Amount of Each Disbursement this Period

18730.00

Full Name (Last, First, Middle Initial)

C. SEIU General Fund

Mailing Address 1800 Massachusetts Ave NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement
Debt Payment for Salary & Canvass-Related Expenses

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2012

Transaction ID : D300024

Amount of Each Disbursement this Period

517139.91

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

83833.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

Full Name (Last, First, Middle Initial)

A. SEIU General Fund

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Debt Payment for Salary & Other Canvass-Related Expenses from 7/29-8/31

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2012			

Transaction ID : D300035

Amount of Each Disbursement this Period

345995.52

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SEIU General Fund

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Payment for Canvassing, Bird Dogging & Rallies Disclosed on 9/24 HR-
Notice and 10/15 Report

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2012			

Transaction ID : D300049

Amount of Each Disbursement this Period

6540.75

Full Name (Last, First, Middle Initial)

C. SEIU Healthcare Wisconsin

Mailing Address 4513 Vernon Blvd Suite 300

City Madison State WI Zip Code 53705

Purpose of Disbursement
Canvass, Bird-dogging & Rallies (Non-Express Advocacy)

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2012			

Transaction ID : D300150

Amount of Each Disbursement this Period

11929.03

SUBTOTAL of Disbursements This Page (optional)..... ▶

18469.78

TOTAL This Period (last page this line number only)..... ▶

114081.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

Full Name (Last, First, Middle Initial)

A. AMERICA VOTES ACTION FUND

Mailing Address 1155 CONNECTICUT AVE NW
SUITE 600

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2012

Transaction ID : D300054

Amount of Each Disbursement this Period

250000.00

Full Name (Last, First, Middle Initial)

B. FLORIDA FREEDOM PAC

Mailing Address 8330 BISCAYNE BLVD SUITE 1

City MIAMI State FL Zip Code 33138

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2012

Transaction ID : D300023

Amount of Each Disbursement this Period

927267.00

Full Name (Last, First, Middle Initial)

C. SEIU General Fund

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
In-Kind Contribution for Salary and Other Canvass-Related Expenses from
10/1-11/6

Candidate Name

FLORIDA FREEDOM PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2012

Transaction ID : D300033

Amount of Each Disbursement this Period

1483879.54

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1177267.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

Full Name (Last, First, Middle Initial)

A. SEIU General Fund

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution for Salary and Other Canvass-Related Expenses from 7/29-8/31

Candidate Name
FLORIDA FREEDOM PAC

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : D300036

Amount of Each Disbursement this Period

345995.52

* In-Kind

Full Name (Last, First, Middle Initial)

B. SIERRA CLUB INDEPENDENT ACTION

Mailing Address 85 SECOND STREET SECOND FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2012

Transaction ID : D300022

Amount of Each Disbursement this Period

120000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

465995.52

1643262.52

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

Full Name (Last, First, Middle Initial)

A. One Pennsylvania

Mailing Address 1500 North Second Street, Suite 11

City Harrisburg State PA Zip Code 17102

Purpose of Disbursement
Payment for Non-Federal Canvass Activities

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2012

Transaction ID : D300087

Amount of Each Disbursement this Period

91555.00

Full Name (Last, First, Middle Initial)

B. SEIU Healthcare Michigan

Mailing Address 2604 4th Street

City Detroit State MI Zip Code 48201

Purpose of Disbursement
Payment for Non-Federal Canvass Activities

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2012

Transaction ID : D300125

Amount of Each Disbursement this Period

21474.00

Full Name (Last, First, Middle Initial)

C. SEIU Local 1199 WOK

Mailing Address 1395 Dublin Road

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Payment for Non-Federal Canvass Activities

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2012

Transaction ID : D300111

Amount of Each Disbursement this Period

25090.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

138119.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

Full Name (Last, First, Middle Initial)

A. United for New York, Inc.

Mailing Address 330 W 42nd Street, Suite 900

City New York State NY Zip Code 10036

Purpose of Disbursement
Payment for Non-Federal Canvass Activites

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2012			

Transaction ID : D300070

Amount of Each Disbursement this Period

7	5	7	0	0	0	0	0	0	0
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Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7	5	7	0	0	0	0	0	0	0
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1	4	5	6	8	9	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 82
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Action United	Nature of Debt (Purpose): Canvass, Bird-dogging & Rallies
Mailing Address 846 N Broad St.	
City State Zip Code Philadelphia PA 19130-2234	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D300061	
Amount Incurred This Period 44130.20	Payment This Period 0.00	Outstanding Balance at Close of This Period 44130.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alliance for Californians for Community Empowerment	Nature of Debt (Purpose): Canvass, Bird-dogging & Rallies
Mailing Address 3655 S. Grand Ave.	
City State Zip Code Los Angeles CA 90007-4316	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D300059	
Amount Incurred This Period 30591.32	Payment This Period 0.00	Outstanding Balance at Close of This Period 30591.32

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Citizen Action of NY	Nature of Debt (Purpose): Canvass, Bird-dogging & Rallies
Mailing Address 94 Central Avenue	
City State Zip Code Albany NY 12206-3002	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D300056	
Amount Incurred This Period 6042.60	Payment This Period 0.00	Outstanding Balance at Close of This Period 6042.60

1) SUBTOTALS This Period This Page (optional)..... ▶	80764.12
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 82
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fair Share Alliance, Inc.	Nature of Debt (Purpose): Canvass, Bird-dogging & Rallies
Mailing Address 218 D Street, SE	
City State Zip Code Washington DC 20003-1900	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D300057	
Amount Incurred This Period 37892.26	Payment This Period 0.00	Outstanding Balance at Close of This Period 37892.26

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Florida Consumer Action Network, Inc.	Nature of Debt (Purpose): Canvass, Bird-dogging & Rallies
Mailing Address 3006 W Kennedy Blvd. Ste B	
City State Zip Code Tampa FL 33609-3289	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D300058	
Amount Incurred This Period 34884.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 34884.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Florida New Majority	Nature of Debt (Purpose): Canvass, Bird-dogging & Rallies
Mailing Address 6127 NW 7th Avenue	
City State Zip Code Miami FL 33127-1111	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D300060	
Amount Incurred This Period 39776.09	Payment This Period 0.00	Outstanding Balance at Close of This Period 39776.09

1) SUBTOTALS This Period This Page (optional)..... ▶	112552.35
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 82
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor One Pennsylvania	Nature of Debt (Purpose): Canvass, Bird-dogging & Rallies (Non-Express Advocacy)
Mailing Address 1500 North Second Street, Suite 11	
City State Zip Code Harrisburg PA 17102	

Outstanding Balance Beginning This Period 19605.00	Transaction ID : D298042	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 19605.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Our DC	Nature of Debt (Purpose): Canvass, Bird-dogging & Rallies (Non-Express Advocacy)
Mailing Address 1800 Massachusetts Ave NW	
City State Zip Code Washington DC 20036	

Outstanding Balance Beginning This Period 45453.00	Transaction ID : D297985	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45453.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEIU General Fund	Nature of Debt (Purpose): Est. payment for salary and other canvass-related expenses from 6/20-9/30, bird-dogging & rallies
Mailing Address 1800 Massachusetts Ave NW	
City State Zip Code Washington DC 20036	

Outstanding Balance Beginning This Period 517139.91	Transaction ID : D285704	
Amount Incurred This Period 6206016.48	Payment This Period 517139.91	Outstanding Balance at Close of This Period 6206016.48

1) SUBTOTALS This Period This Page (optional)..... ▶	6271074.48
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 82
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEIU General Fund	Nature of Debt (Purpose): Salary and other canvass-related expenses from 6/11-9/30
Mailing Address 1800 Massachusetts Ave NW	
City State Zip Code Washington DC 20036	

Outstanding Balance Beginning This Period 4618526.33	Transaction ID : D286612	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4618526.33

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEIU Healthcare Wisconsin	Nature of Debt (Purpose): Canvass, Bird-dogging & Rallies (Non-Express Advocacy)
Mailing Address 4513 Vernon Blvd Suite 300	
City State Zip Code Madison WI 53705	

Outstanding Balance Beginning This Period 21751.00	Transaction ID : D298020	
Amount Incurred This Period 69414.13	Payment This Period 0.00	Outstanding Balance at Close of This Period 91165.13

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEIU Local 1199 WOK	Nature of Debt (Purpose): Canvass, Bird-dogging & Rallies (Non-Express Advocacy)
Mailing Address 1395 Dublin Road	
City State Zip Code Columbus OH 43215	

Outstanding Balance Beginning This Period 14907.00	Transaction ID : D297979	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 14907.00

1) SUBTOTALS This Period This Page (optional)..... ▶	4724598.46
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 82
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEIU Local 3	Nature of Debt (Purpose): Canvass, Bird-dogging & Rallies (Non-Express Advocacy)
Mailing Address 4 Bunker Hill Industrial Park	
City State Zip Code Boston MA 02129	

Outstanding Balance Beginning This Period 22595.00	Transaction ID : D297935	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 22595.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor United for New York, Inc.	Nature of Debt (Purpose): Canvass, Bird-dogging & Rallies (Non-Express Advocacy)
Mailing Address 330 W 42nd Street, Suite 900	
City State Zip Code New York NY 10036	

Outstanding Balance Beginning This Period 11101.00	Transaction ID : D298028	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11101.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Working Families Organization, Inc.	Nature of Debt (Purpose): Canvass, Bird-dogging & Rallies
Mailing Address 2 Nevins Street	
City State Zip Code Brooklyn NY 11217-1010	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D300055	
Amount Incurred This Period 54104.52	Payment This Period 0.00	Outstanding Balance at Close of This Period 54104.52

1) SUBTOTALS This Period This Page (optional)..... ▶	87800.52
2) TOTALS This Period (last page this line number only)..... ▶	11276789.93
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	11276789.93

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee
Good Jobs Better Baltimore

Date
MM / DD / YYYY
10 / 01 / 2012

Mailing Address 611 North Eutaw Street

Amount
20480.00

City State Zip Code
Baltimore MD 21201

Transaction ID : D294698

Purpose of Expenditure
Est. payment for salary and other canvass-related expenses from 10/1-11/6

Category/Type
001

Office Sought: House State: VA
 Senate District:
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
TIMOTHY MICHAEL KAINE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
15950.00

Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Good Jobs Better Baltimore

Date
MM / DD / YYYY
10 / 01 / 2012

Mailing Address 611 North Eutaw Street

Amount
1280.00

City State Zip Code
Baltimore MD 21201

Transaction ID : D294699

Purpose of Expenditure
Est. payment for rally expenses

Category/Type
007

Office Sought: House State:
 Senate District:
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BARACK OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
2688700.93

Disbursement For: Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	21760.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date MM / DD / YYYY
04 / 08 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Good Jobs Better Baltimore		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 611 North Eutaw Street		Amount 1920.00
City Baltimore	State MD	
Zip Code 21201	Transaction ID : D294700	
Purpose of Expenditure Est. payment for rally expenses	Category/ Type 007	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU IL State Council		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 111 E Wacker		Amount 86408.00
City Chicago	State IL	
Zip Code 60601	Transaction ID : D294701	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/1-11/6	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	88328.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU IL State Council		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 111 E Wacker		Amount M M M M M M . M M 45604.00
City Chicago	State Zip Code IL 60601	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/1-11/6	Category/Type M M M 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M M M M M . M M 320437.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D294702

Full Name (Last, First, Middle Initial) of Payee SEIU IL State Council		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 111 E Wacker		Amount M M M M M M . M M 48005.00
City Chicago	State Zip Code IL 60601	
Purpose of Expenditure Est. payment for rally expenses	Category/Type M M M 007	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M M M M M . M M 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D294703

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	M M M M M M . M M 93609.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	M M M M M M . M M
(c) TOTAL Independent Expenditures.....▶	M M M M M M . M M

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 1199 WOK		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 1395 Dublin Road		Amount 25091.00
City Columbus	State OH	
Zip Code 43215	Transaction ID : D294704	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/1-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 1199 WOK		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 1395 Dublin Road		Amount 25091.00
City Columbus	State OH	
Zip Code 43215	Transaction ID : D294705	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/1-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	50182.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 1199 WOK		Date M M / D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 1395 Dublin Road		Amount 50182.00
City Columbus	State OH Zip Code 43215	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/1-11/6	Category/Type 001	Transaction ID : D294706 Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 65864.00		2012

Full Name (Last, First, Middle Initial) of Payee Our DC		Date M M / D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 28097.00
City Washington	State DC Zip Code 20036	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/1-11/6	Category/Type 001	Transaction ID : D294707 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 2688700.93		2012

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	78279.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Our DC		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 28097.00
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/1-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	MM / DD / YYYY 155950.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D294708

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Michigan		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 2604 4th Street		Amount 45337.00
City Detroit	State MI	Zip Code 48201
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/1-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	MM / DD / YYYY 2688700.93	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D294709

(a) SUBTOTAL of Itemized Independent Expenditures.....	73434.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures.....	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date MM / DD / YYYY
04 / 08 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Michigan		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 2604 4th Street		Amount 23862.00
City Detroit	State MI	Zip Code 48201
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/1-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Transaction ID : D294710

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Michigan		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 2604 4th Street		Amount 16703.00
City Detroit	State MI	Zip Code 48201
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/1-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Debbie Stabenow		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 21475.00		Transaction ID : D294711

(a) SUBTOTAL of Itemized Independent Expenditures.....	40565.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
Signature [Electronically Filed] Date **04 / 08 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Michigan		Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M /</div><div style="border: 1px solid black; padding: 2px;">D D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> 10 / 01 / 2012	
Mailing Address 2604 4th Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9545.00</div>	
City Detroit	State MI	Zip Code 48201	
Purpose of Expenditure Est. payment for rally expenses	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">007</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2688700.93</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Transaction ID : D294712

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Michigan		Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M /</div><div style="border: 1px solid black; padding: 2px;">D D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> 10 / 01 / 2012	
Mailing Address 2604 4th Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9545.00</div>	
City Detroit	State MI	Zip Code 48201	
Purpose of Expenditure Est. payment for rally expenses	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">007</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2688700.93</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Transaction ID : D294713

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19090.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

Signature [Electronically Filed] Date

M M M /

D D D /

Y Y Y Y Y Y

04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Michigan		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 2604 4th Street		Amount 4772.00
City Detroit	State MI	Zip Code 48201
Purpose of Expenditure Est. payment for rally expenses	Category/ Type 007	Transaction ID : D294714
Name of Federal Candidate Supported or Opposed by Expenditure: Debbie Stabenow		Office Sought: <input type="checkbox"/> House State: MI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 21475.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee 1 Miami		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 333 41st Street, Suite 901		Amount 19746.00
City Miami Beach	State FL	Zip Code 33140
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/1-11/6	Category/ Type 001	Transaction ID : D294715
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	24518.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee 1 Miami		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 333 41st Street, Suite 901		Amount 19746.00
City Miami Beach	State FL	
Zip Code 33140	Transaction ID : D294716	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/1-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee 1 Miami		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 333 41st Street, Suite 901		Amount 9873.00
City Miami Beach	State FL	
Zip Code 33140	Transaction ID : D294717	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/1-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 14760.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	29619.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee 1 Miami	Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 333 41st Street, Suite 901	Amount 9873.00
City Miami Beach State FL Zip Code 33140	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/1-11/6	Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: JOSE ANTONIO GARCIA	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 14760.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D294718

Full Name (Last, First, Middle Initial) of Payee 1 Miami	Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 333 41st Street, Suite 901	Amount 3291.00
City Miami Beach State FL Zip Code 33140	
Purpose of Expenditure Est. payment for rally expenses	Category/Type 007
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2688700.93	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D294719

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13164.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee 1 Miami		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 333 41st Street, Suite 901		Amount 3291.00
City Miami Beach	State FL	
Zip Code 33140	Transaction ID : D294720	
Purpose of Expenditure Est. payment for rally expenses	Category/ Type 007	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Wisconsin		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 4513 Vernon Blvd Suite 300		Amount 87380.00
City Madison	State WI	
Zip Code 53705	Transaction ID : D294721	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/1-11/6	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	90671.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Wisconsin		Date M M / D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 4513 Vernon Blvd Suite 300		Amount 85299.00
City Madison	State WI	Zip Code 53705
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/1-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 320437.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D294722

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Wisconsin		Date M M / D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 4513 Vernon Blvd Suite 300		Amount 2080.00
City Madison	State WI	Zip Code 53705
Purpose of Expenditure Est. payment for direct mail	Category/Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 320437.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D294723

(a) SUBTOTAL of Itemized Independent Expenditures.....	87379.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Wisconsin		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 01 / 2012</div>
Mailing Address 4513 Vernon Blvd Suite 300		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2080.00</div>
City Madison	State WI	
Zip Code 53705		Transaction ID : D294724
Purpose of Expenditure Est. payment for direct mail	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2688700.93</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee United for New York, Inc.		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 01 / 2012</div>
Mailing Address 330 W 42nd Street, Suite 900		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">20186.00</div>
City New York	State NY	
Zip Code 10036		Transaction ID : D294731
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/1-11/6	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2688700.93</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">22266.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
[Electronically Filed]
Date 04 / 08 / 2013

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee United for New York, Inc.		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 330 W 42nd Street, Suite 900		Amount 10093.00
City New York	State NY	Zip Code 10036
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/1-11/6		Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: _____
Calendar Year-To-Date Per Election for Office Sought 155950.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D294733

Full Name (Last, First, Middle Initial) of Payee United for New York, Inc.		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 330 W 42nd Street, Suite 900		Amount 63081.00
City New York	State NY	Zip Code 10036
Purpose of Expenditure Est. payment for rally expenses		Category/Type 007
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D294735

(a) SUBTOTAL of Itemized Independent Expenditures.....	73174.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

Signature

[Electronically Filed]

Date

MM / DD / YYYY
04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee United for New York, Inc.		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 330 W 42nd Street, Suite 900		Amount 25232.00
City New York	State NY	Zip Code 10036
Purpose of Expenditure Est. payment for t-shirts and buttons	Category/ Type 006	Transaction ID : D294741
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee United for New York, Inc.		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 330 W 42nd Street, Suite 900		Amount 25232.00
City New York	State NY	Zip Code 10036
Purpose of Expenditure Est. payment for t-shirts and buttons	Category/ Type 006	Transaction ID : D294742
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	50464.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
Signature [Electronically Filed] Date MM / DD / YYYY
04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee One Pennsylvania		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 1500 North Second Street, Suite 11		Amount 1363.00
City Harrisburg	State PA	Zip Code 17102
Purpose of Expenditure Est. payment for t-shirts and buttons	Category/Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D294757

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 42989.59
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Canvass, Bird-dogging & Rallies	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13
Name of Federal Candidate Supported or Opposed by Expenditure: RODNEY DAVIS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 64484.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D294758

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44352.59
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
Signature [Electronically Filed] Date MM / DD / YYYY
04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 35824.66
City Washington	State DC	
Purpose of Expenditure Canvass, Bird-dogging & Rallies	Category/ Type 001	Transaction ID : D294760
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT T. SCHILLING		Office Sought: <input checked="" type="checkbox"/> House State: <u>IL</u> <input type="checkbox"/> Senate District: <u>17</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 263609.34		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 48000.00
City Washington	State DC	
Purpose of Expenditure Canvass, Bird-dogging & Rallies	Category/ Type 001	Transaction ID : D294761
Name of Federal Candidate Supported or Opposed by Expenditure: RAYMOND J. CRAVAACK		Office Sought: <input checked="" type="checkbox"/> House State: <u>MN</u> <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 72000.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83824.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
Signature

[Electronically Filed] Date **04 / 08 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund [MEMO ITEM]		Date M M / D D / Y Y Y Y Y Y 10 / 01 / 2012	
Mailing Address 1800 Massachusetts Ave NW		Amount 4413.02	
City Washington	State DC	Zip Code 20036	Transaction ID : D294763
Purpose of Expenditure Canvass, Bird-dogging & Rallies	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MICHAEL G. FITZPATRICK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 22256.48			

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund [MEMO ITEM]		Date M M / D D / Y Y Y Y Y Y 10 / 01 / 2012	
Mailing Address 1800 Massachusetts Ave NW		Amount 4413.02	
City Washington	State DC	Zip Code 20036	Transaction ID : D294764
Purpose of Expenditure Canvass, Bird-dogging & Rallies	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 191328.67			

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund [MEMO ITEM]		Date M M / D D / Y Y Y Y Y Y 10 / 01 / 2012	
Mailing Address 1800 Massachusetts Ave NW		Amount 42850.20	
City Washington	State DC	Zip Code 20036	Transaction ID : D294765
Purpose of Expenditure Canvass, Bird-dogging & Rallies	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: DANIEL J. BENISHEK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 16425.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund [MEMO ITEM]		Date M M / D D / Y Y Y Y Y Y 10 / 01 / 2012	
Mailing Address 1800 Massachusetts Ave NW		Amount 5399.65	
City Washington	State DC	Zip Code 20036	Transaction ID : D294766
Purpose of Expenditure Canvass, Bird-dogging & Rallies	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: MICHAEL COFFMAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 94750.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 3489.53
City Washington State DC Zip Code 20036	Transaction ID : D294768	
Purpose of Expenditure Canvass, Bird-dogging & Rallies	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 6118.26
City Washington State DC Zip Code 20036	Transaction ID : D294769	
Purpose of Expenditure Canvass, Bird-dogging & Rallies	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DANIEL E. LUNGREN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18354.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 64000.00
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Canvass, Bird-dogging & Rallies	Category/ Type 001	Transaction ID : D294771
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 96000.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Wisconsin [MEMO ITEM]		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 4513 Vernon Blvd Suite 300		Amount 34707.07
City Madison	State WI	Zip Code 53705
Purpose of Expenditure Canvass, Bird-dogging & Rallies	Category/ Type 001	Transaction ID : D294774
Name of Federal Candidate Supported or Opposed by Expenditure: REID RIBBLE		Office Sought: <input checked="" type="checkbox"/> House State: <u>WI</u> <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 26030.31		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	64000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
Signature [Electronically Filed] Date MM / DD / YYYY
04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Working Families Organization, Inc. [MEMO ITEM]		Date M M / D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 2 Nevins Street		Amount 18034.84
City Brooklyn	State NY	Zip Code 11217-1010
Purpose of Expenditure Canvass, Bird-dogging & Rallies	Category/ Type 001	Transaction ID : D294781 Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 191328.67		2012

Full Name (Last, First, Middle Initial) of Payee Working Families Organization, Inc. [MEMO ITEM]		Date M M / D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 2 Nevins Street		Amount 18034.84
City Brooklyn	State NY	Zip Code 11217-1010
Purpose of Expenditure Canvass, Bird-dogging & Rallies	Category/ Type 001	Transaction ID : D294783 Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: NAN HAYWORTH		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 18081.32		2012

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Citizen Action of NY		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 94 Central Avenue		Amount 6042.60
City Albany	State NY	Zip Code 12206-3002
Purpose of Expenditure Canvass, Bird-dogging & Rallies		Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: NAN HAYWORTH		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18 Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18081.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Fair Share Alliance, Inc. [MEMO ITEM]		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 218 D Street, SE		Amount 37892.26
City Washington	State DC	Zip Code 20003-1900
Purpose of Expenditure Canvass, Bird-dogging & Rallies		Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: MICHAEL COFFMAN		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 06 Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 94750.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	6042.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
Signature [Electronically Filed] Date MM / DD / YYYY
04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Action United [MEMO ITEM]		Date 10 / 01 / 2012
Mailing Address 846 N Broad St.		Amount 22065.10
City Philadelphia State PA Zip Code 19130-2234	Transaction ID : D294797	
Purpose of Expenditure Canvass, Bird-dogging & Rallies	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MICHAEL G. FITZPATRICK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 22256.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Action United [MEMO ITEM]		Date 10 / 01 / 2012
Mailing Address 846 N Broad St.		Amount 22065.10
City Philadelphia State PA Zip Code 19130-2234	Transaction ID : D294799	
Purpose of Expenditure Canvass, Bird-dogging & Rallies	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 191328.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina **[Electronically Filed]** Date 04 / 08 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 3066.66
City Washington	State DC	
Zip Code 20036	Transaction ID : D300148	
Purpose of Expenditure Canvass, Bird-dogging & Rallies	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
2688700.93		2012

Full Name (Last, First, Middle Initial) of Payee SEIU Local 3		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 4 Bunker Hill Industrial Park		Amount 8427.00
City Boston	State MA	
Zip Code 02129	Transaction ID : D300155	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/1-11/6	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
2688700.93		2012

(a) SUBTOTAL of Itemized Independent Expenditures.....	11493.66
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

Signature _____ [Electronically Filed] Date MM / DD / YYYY **04 / 08 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee SEIU Local 3		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 4 Bunker Hill Industrial Park		Amount 8427.00
City Boston	State MA	
Zip Code 02129	Transaction ID : D300156	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/1-11/6	Category/Type 001	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH WARREN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 43819.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 3		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 4 Bunker Hill Industrial Park		Amount 25280.00
City Boston	State MA	
Zip Code 02129	Transaction ID : D300158	
Purpose of Expenditure Est. payment for rally expenses	Category/Type 006	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	33707.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

Signature _____ [Electronically Filed] Date **04 / 08 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 3		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 4 Bunker Hill Industrial Park		Amount 8427.00
City Boston	State MA	
Zip Code 02129	Transaction ID : D300160	
Purpose of Expenditure Est. payment for rally expenses	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH WARREN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 43819.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 3		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 4 Bunker Hill Industrial Park		Amount 20224.00
City Boston	State MA	
Zip Code 02129	Transaction ID : D300161	
Purpose of Expenditure Est. payment for direct mail	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH WARREN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 43819.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	28651.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Eliseo Medina
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee SEIU Local 3		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 4 Bunker Hill Industrial Park		Amount 6741.00
City Boston	State MA	Zip Code 02129
Purpose of Expenditure Est. payment for buttons & t-shirts	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH WARREN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 43819.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Missouri Kansas State Council		Date MM / DD / YYYY 10 / 02 / 2012
Mailing Address 5585 Pershing Ave. Ste 120		Amount 52225.00
City Saint Louis	State MO	Zip Code 63112
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/2-11/6	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Claire McCaskill		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 53963.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	58966.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
Signature [Electronically Filed] Date MM / DD / YYYY
04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee SEIU Missouri Kansas State Council		Date MM / DD / YYYY 10 / 02 / 2012
Mailing Address 5585 Pershing Ave. Ste 120		Amount 52225.00
City Saint Louis	State MO	Zip Code 63112
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/2-11/6		Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Terra Strategies, LLC		Date MM / DD / YYYY 10 / 02 / 2012
Mailing Address 100 East Grand Ave. Suite 380		Amount 106857.16
City Des Moines	State IA	Zip Code 50309
Purpose of Expenditure Payment for Canvassing Services		Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: CHERI BUSTOS		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 263609.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	159082.16
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
Signature [Electronically Filed] Date MM / DD / YYYY
04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date MM / DD / YYYY 10 / 04 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 7508.18
City Washington	State DC	
Zip Code 20036	Transaction ID : D300037	
Purpose of Expenditure Payment for Canvassing, Bird Dogging & Rallies Disclosed on 9/24 HR-Notice and 10/15 Report	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date MM / DD / YYYY 10 / 04 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 10747.40
City Washington	State DC	
Zip Code 20036	Transaction ID : D300038	
Purpose of Expenditure Payment for Canvassing, Bird Dogging & Rallies Disclosed on 9/24 HR-Notice and 10/15 Report	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RODNEY DAVIS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 64484.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	18255.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Eliseo Medina
Signature

[Electronically Filed] Date **04 / 08 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 11128.24
City Washington	State DC	
Zip Code 20036	Transaction ID : D300041	
Purpose of Expenditure Payment for Canvassing, Bird Dogging & Rallies Disclosed on 9/24 HR-Notice and 10/15 Report	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MICHAEL G. FITZPATRICK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 22256.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 11128.24
City Washington	State DC	
Zip Code 20036	Transaction ID : D300042	
Purpose of Expenditure Payment for Canvassing, Bird Dogging & Rallies Disclosed on 9/24 HR-Notice and 10/15 Report	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 191328.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	22256.48
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Eliseo Medina [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 8212.96
City Washington	State DC	
Zip Code 20036	Transaction ID : D300043	
Purpose of Expenditure Payment for Canvassing, Bird Dogging & Rallies Disclosed on 9/24 HR-Notice and 10/15 Report	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DANIEL J. BENISHEK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16425.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 8676.77
City Washington	State DC	
Zip Code 20036	Transaction ID : D300044	
Purpose of Expenditure Payment for Canvassing, Bird Dogging & Rallies Disclosed on 9/24 HR-Notice and 10/15 Report	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SEAN DUFFY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 17353.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	16889.73
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Eliseo Medina
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date MM / DD / YYYY 10 / 04 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 8676.77
City Washington	State DC	
Zip Code 20036	Transaction ID : D300045	
Purpose of Expenditure Payment for Canvassing, Bird Dogging & Rallies Disclosed on 9/24 HR-Notice and 10/15 Report	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>WI</u> <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: REID RIBBLE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 26030.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date MM / DD / YYYY 10 / 04 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 8676.77
City Washington	State DC	
Zip Code 20036	Transaction ID : D300046	
Purpose of Expenditure Payment for Canvassing, Bird Dogging & Rallies Disclosed on 9/24 HR-Notice and 10/15 Report	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>WI</u> <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: REID RIBBLE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 26030.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17353.54
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Eliseo Medina
Signature

[Electronically Filed] Date **04 / 08 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 6019.36
City Washington State DC Zip Code 20036	Transaction ID : D300047	
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 7/29-8/31 Disclosed on 7/31 48-HR Notice	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: NAN HAYWORTH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18081.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 8525.76
City Washington State DC Zip Code 20036	Transaction ID : D300048	
Purpose of Expenditure Payment for Canvassing, Bird Dogging & Rallies Disclosed on 9/24 HR-Notice and 10/15 Report	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MICHAEL COFFMAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 94750.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	14545.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Eliseo Medina **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 16000.00
City Washington	State DC	
Zip Code 20036	Transaction ID : D300052	
Purpose of Expenditure Payment for Canvassing, Bird Dogging & Rallies Disclosed on 9/24 HR-Notice and 10/15 Report	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 96000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 74311.18
City Washington	State DC	
Zip Code 20036	Transaction ID : D295884	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/6-10/20	Category/Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 320437.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	16000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Eliseo Medina [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 124205.98
City Washington State DC Zip Code 20036	Transaction ID : D295885	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/6-10/20	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SHELLEY BERKLEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 24101.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 405836.40
City Washington State DC Zip Code 20036	Transaction ID : D295886	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/6-10/20	Category/Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 220496.68		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Eliseo Medina
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount M M M M M M . M M 47851.42
City Washington State DC Zip Code 20036	Transaction ID : D296082	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/6-10/20	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MICHAEL COFFMAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M M M M M . M M 94750.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount M M M M M M . M M 124205.98
City Washington State DC Zip Code 20036	Transaction ID : D296083	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/6-10/20	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M M M M M . M M 24101.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	M M M M M M . M M 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	M M M M M M . M M
(c) TOTAL Independent Expenditures.....▶	M M M M M M . M M

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 275825.66
City Washington State DC Zip Code 20036	Transaction ID : D296084	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/6-10/20	Category/Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 155950.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 47851.42
City Washington State DC Zip Code 20036	Transaction ID : D296085	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/6-10/20	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE MIKLOSI		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 94750.92	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
Signature **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Wisconsin		Date MM / DD / YYYY 10 / 06 / 2012
Mailing Address 4513 Vernon Blvd Suite 300		Amount 5548.00
City Madison	State WI	
Zip Code 53705	Transaction ID : D296121	
Purpose of Expenditure Est. payment for rally expenses	Category/ Type 007	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Wisconsin		Date MM / DD / YYYY 10 / 06 / 2012
Mailing Address 4513 Vernon Blvd Suite 300		Amount 4854.33
City Madison	State WI	
Zip Code 53705	Transaction ID : D296123	
Purpose of Expenditure Est. payment for rally expenses	Category/ Type 007	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 320437.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10402.33
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
Signature

[Electronically Filed] Date **04 / 08 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Wisconsin		Date MM / DD / YYYY 10 / 13 / 2012
Mailing Address 4513 Vernon Blvd Suite 300		Amount 5548.00
City Madison	State WI	
Zip Code 53705	Transaction ID : D297058	
Purpose of Expenditure Est. payment for rally expenses	Category/ Type 007	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Wisconsin		Date MM / DD / YYYY 10 / 13 / 2012
Mailing Address 4513 Vernon Blvd Suite 300		Amount 4854.34
City Madison	State WI	
Zip Code 53705	Transaction ID : D297059	
Purpose of Expenditure Est. payment for rally expenses	Category/ Type 007	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 320437.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10402.34
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

Signature _____ [Electronically Filed] Date MM / DD / YYYY **04 / 08 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Fieldworks		Date MM / DD / YYYY 10 / 14 / 2012
Mailing Address 2852 Connecticut Ave., NW		Amount 46835.93
City Washington	State DC	
Zip Code 20008	Transaction ID : D298361	
Purpose of Expenditure Payment for Canvassing Services	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Fieldworks		Date MM / DD / YYYY 10 / 14 / 2012
Mailing Address 2852 Connecticut Ave., NW		Amount 23417.96
City Washington	State DC	
Zip Code 20008	Transaction ID : D298362	
Purpose of Expenditure Payment for Canvassing Services	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE MIKLOSI		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 94750.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	70253.89
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
Signature

[Electronically Filed] Date **04 / 08 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Fieldworks		Date MM / DD / YYYY 10 / 14 / 2012
Mailing Address 2852 Connecticut Ave., NW		Amount 23417.96
City Washington	State DC	
Zip Code 20008	Transaction ID : D298363	
Purpose of Expenditure Payment for Canvassing Services	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Edwin Perlmutter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 23417.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Missouri Kansas State Council		Date MM / DD / YYYY 10 / 15 / 2012
Mailing Address 5585 Pershing Ave. Ste 120		Amount 1738.86
City Saint Louis	State MO	
Zip Code 63112	Transaction ID : D298364	
Purpose of Expenditure Est. payment for canvass-related expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25156.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
Signature

[Electronically Filed] Date **04 / 08 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU Missouri Kansas State Council		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2012
Mailing Address 5585 Pershing Ave. Ste 120		Amount 1738.86
City Saint Louis	State MO	
Zip Code 63112	Transaction ID : D298365	
Purpose of Expenditure Est. payment for canvass related-expenses	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Claire McCaskill		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 53963.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Wisconsin Jobs Now		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2012
Mailing Address PO BOX 511506		Amount 1500.00
City Milwaukee	State WI	
Zip Code 53203	Transaction ID : D298366	
Purpose of Expenditure Voter Outreach Literature	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROB ZERBAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3238.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Wisconsin Jobs Now		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2012
Mailing Address PO BOX 511506		Amount 1500.00
City Milwaukee	State WI	
Zip Code 53203	Transaction ID : D298367	
Purpose of Expenditure Voter Outreach Literature	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PAUL D. RYAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Our DC		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 28096.75
City Washington	State DC	
Zip Code 20036	Transaction ID : D298368	
Purpose of Expenditure Est. payment for rally expenses	Category/ Type 007	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	29596.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name (Last, First, Middle Initial) of Payee Our DC		Date M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012	
Mailing Address 1800 Massachusetts Ave NW		Amount 28096.75	
City Washington	State DC	Zip Code 20036	
Purpose of Expenditure Est. payment for rally expenses	Category/ Type 007	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : D298688

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012	
Mailing Address 1800 Massachusetts Ave NW		Amount 331119.24	
City Washington	State DC	Zip Code 20036	
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 7/29-8/31 Disclosed on 7/31 48-HR Notice	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2688700.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : D300025

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	359215.99
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 15538.95
City Washington	State DC	
Zip Code 20036	Transaction ID : D300030	
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 7/29-8/31 Disclosed on 7/31 48-HR Notice	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>04</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 24101.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 84933.33
City Washington	State DC	
Zip Code 20036	Transaction ID : D300031	
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 7/29-8/31 Disclosed on 7/31 48-HR Notice	Category/Type 001	Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 220496.68		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100472.28
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ C C00523621
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date MM / DD / YYYY 10 / 17 / 2012
Mailing Address 1800 Massachusetts Ave NW		Amount 25040.10
City Washington	State DC	
Zip Code 20036	Transaction ID : D300032	
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 7/29-8/31 Disclosed on 7/31 48-HR Notice	Category/Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 320437.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Purpose of Expenditure	Category/Type	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	25040.10
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	2635393.79

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

Signature

[Electronically Filed]

Date

MM / DD / YYYY
04 / 08 / 2013